

ATTACHMENT 1

APPLICATION PROCESS TIMETABLE

September 28, 2001	Final version of SHIA RFA released.
October 18, 2001	Grant application workshop to be held from 1 p.m. to 3 p.m. in the auditorium of the Department of Social Services building, 744 P Street, Sacramento.
October 23, 2001	Grant application workshop to be held from 10 a.m. to 12 p.m. in the Embassy Room at the Holiday Inn Select located at 3400 Market Street, Riverside.
November 2, 2001	Deadline for submitting the Letter of Intent Form (LOI). All LOIs must be received by DMH no later than 4:00 p.m.
November 13, 2001	Deadline for submitting questions or requests for clarification regarding SHIA RFA. All questions must be received on or before this date.
December 21, 2001	Deadline for submitting SHIA RFA applications to the DMH. All applications must be received by the DMH no later than 4:00 p.m.
December 24, 2001 – February 25, 2002	Evaluation and scoring period.
March 22, 2002	Selected applicants will be notified of grant awards.
March 25, 2002	Protest period begins.
March 29, 2002	Protest period ends. Protest letters must be received by the DMH no later than 4:00 p.m.
April 5, 2002	DMH will render decision on all protests filed. All decisions are final.
April 8, 2002	Projects enter into final grant award agreement.
May 6, 2002	Anticipated contract effective date.

ATTACHMENT 2

LETTER OF INTENT FORM

Organizations planning to submit an application in response to the Supportive Housing Initiative Act (SHIA) Request for Applications (RFA) (SHIA2001-01) must submit a completed Letter of Intent Form to the Department of Mental Health (DMH). **Only applications from organizations that have submitted a Letter of Intent using this form will be eligible to receive a grant award.** No reformatted or re-created versions of this form will be accepted. An official within the applying organization with contractual authority must sign this form. The form may be hand-carried or transmitted by fax, courier service or mail, but must be RECEIVED by Planning, Grants and Revenue Enhancement no later than 4:00 p.m. on Friday, November 2, 2001.

ORGANIZATION INFORMATION

Name of Requesting Organization

Date

Address

City

State

Zip

Primary Contact

Director

Phone

Fax

E-mail

We, _____, understand the above
(Organization name)

information and intend to submit an application in response to the Supportive Housing Initiative Act Grant RFA (SHIA2001-01).

Director

**THIS LETTER OF INTENT FORM MUST BE RECEIVED BY DMH
NO LATER THAN 4:00 P.M. ON NOVEMBER 2, 2001.**

California Department of Mental Health
Planning, Grants and Revenue Enhancement
1600 9th Street, Room 130
Sacramento, CA 95814
ATTN: Minerva Reyes
(916) 654-0486 FAX: (916) 653-5500

ATTACHMENT 3**REQUEST FOR APPLICATIONS (RFA) FACE SHEET****CALIFORNIA DEPARTMENT OF MENTAL HEALTH GRANT # SHIA2001-01**

Applicants must refer to the Supportive Housing Initiative Act Grant Notice # SHIA2001-01 in order to accurately complete this RFA Face Sheet and a full application.

1. Organization information

Name of lead agency		Federal Tax ID #	
Address	City	State	Zip code
Primary contact		Organization Director	
Telephone	Facsimile	E-mail	

2. Total SHIA grant funding requested: _____

• Total amount for services: _____ # of years covered (up to 3): _____

• Total amount for rental subsidies: _____ # of years covered (up to 15): _____
 (This should equal the "Total SHIA Rental Subsidy Requested" amount from the SHIA Operating Pro Forma)

3. Identify the target population(s) for your project (check all that apply) (By checking the boxes below, I certify that the proposed project(s) will serve the target population specified in the SHIA 2001-01 RFA):

Mental illness	Substance abuse	HIV/AIDS
Chronic health conditions	Developmental disabilities	Families with children
Youth aging out of foster care	Homeless people	CalWORKs families
Veterans	Elders	People exiting institutions
Other special needs or disability populations: _____		

4. County(ies) where your project(s) will be implemented: _____

5. During the grant period:
 total projected number of tenants to be served _____; number of housing units _____

6. Type of funding requested:
 Grant for a single project;
 Grant from a single local government agency for several projects within the local jurisdiction

7. The applicant organization and, in the case of a local government agency applying for multiple projects within the single jurisdiction, the lead agency for each project is/are:
 nonprofit corporation (501(c)(3)) local government agency

8. The proposed project(s) will set tenant rents at not more than: (see Subsection 2.7.3)
 20% of actual tenant income 20% of State Median Income
 30% of actual tenant income 30% of State Median Income
 Over 30% of actual tenant income Over 30% of State Median Income

I certify that the above information is true.

 Signature of Organization Director

ATTACHMENT 4

BUDGET/MATCH FORMS AND INSTRUCTIONS

This attachment includes all forms and instructions necessary to meet the budget and match information requirements of the RFA. All forms must be completed in accordance with the instructions and placed in Section III of your SHIA grant application. This attachment is comprised of the following individual attachments:

- Attachment 4-1: Supportive Services Budget
- Attachment 4-2: Match Worksheet
- Attachment 4-3: Budget Summary Form for Local Government Applications
- Attachment 4-4: Instructions for Completing SHIA RFA Budget Forms

The attached budget forms are available as Excel worksheets. All forms are downloadable. All worksheets are protected. YOU MAY ONLY ENTER DATA IN CELLS THAT ARE HIGHLIGHTED IN YELLOW.

INSTRUCTIONS FOR COMPLETING SHIA RFA BUDGET FORMS

Note: All budget forms completed in accordance with these instructions must be placed in Section III of the application, as specified in Subsection 5.2.2-III of the RFA.

Part 1: Instructions for Supportive Services Budget Form (Attachment 4-1)	
GENERAL INSTRUCTIONS	<ol style="list-style-type: none"> 1. Complete a separate Supportive Services Budget Form (Attachment 4-1) for each year in which supportive services or project start-up costs will be paid with either SHIA funding or resources to meet SHIA match requirements. 2. Complete all items on each of the forms.
HEADER INFORMATION	<p>Line 1: Indicate budget year by inserting the number (1,2,3).</p> <p>Line 2: State name of applicant agency.</p> <p>Line 3: State project name.</p> <p>Line 4: List county(ies) in which project will operate.</p> <p>Line 5: List address(es) at which project will operate.</p> <p>Line 6: List contact person for project budget, and include telephone number and email address for that person.</p>
GENERAL INSTRUCTIONS FOR INCLUDING MATCH IN PROJECT BUDGET	<ul style="list-style-type: none"> ▪ Applicants must obtain matching contributions of cash or services. These contributions must be (a) dedicated to the proposed project and (b) used to meet project participants' needs for housing and services. (Please refer to Sections 2.5 and Subsection 5.2.2-III of the RFA for more information regarding match requirements, and Subsection 2.7.10 for match for rental subsidies.) ▪ Each budget must indicate the value of the match, the source of match (funding program and/or organization, if matching resources are being committed by another organization), and whether the match is contributed in cash or in kind. ▪ Applicants may consider as match funding or resources committed for supportive services or for housing costs, as specified in the RFA and in detailed instructions below for each budget line item. <p>EXAMPLE:</p> <p><i>If the match is in the form of funding from a county agency to the project sponsor to pay the salary for a staff member providing supportive services to residents of the supportive housing project:</i></p> <ul style="list-style-type: none"> ➤ <i>List the staff position in section S-1 of the budget</i> ➤ <i>Include personnel costs for the staff position in the column "Match \$"</i> ➤ <i>State name of the county agency (and source of funds if available) in the column "Source of Match"</i> ➤ <i>List "cash" in column "Type (cash or in-kind)"</i>

ATTACHMENT 4-4

	<p><i>If the match is in the form of a county employee who is dedicated to the supportive housing project on a full-time or part-time basis (or services are provided by a partner agency):</i></p> <ul style="list-style-type: none"> ➤ <i>List the staff position (or services) in section S-3 of the budget</i> ➤ <i>Include personnel and related costs for the staff position (or services) in the column "Match \$"</i> ➤ <i>State name of the county agency (or other partner agency) and source of funds used to support this staff or services, if available, in the column "Source of Match"</i> ➤ <i>List "in-kind" in column "Type (cash or in-kind)"</i> <ul style="list-style-type: none"> ▪ Include in the budget narrative a clear description of how matching contributions are used in the supportive housing project. Include justification for the value of any match which is contributed on an in-kind basis. ▪ Describe in the budget narrative any contracts, MOUs or letters of commitment with other organizations that are a source of matching contributions. Include this documentation in Appendix B.1-a (Agreements with Project Partners).
P	<p>PROJECT START-UP COSTS</p> <p>Include one-time costs up to a maximum of \$25,000 for costs such as purchasing equipment or furniture, hiring staff, designing a program evaluation, or hiring a consultant. Provide justification for these costs in the budget narrative.</p>
PP – Subtotal	Total start-up costs. <i>Automatically calculated</i>
S	<p>SUPPORTIVE SERVICES COSTS</p> <p>Detailed instructions for each budget line item are provided below</p>
S-1	<p>Include all staff employed by the applicant or project sponsor who are responsible for supportive services delivered to participants in the supportive housing project. Also include the cost of staff responsible for evaluation and data collection. For each position title, indicate full-time-equivalent (FTE) staffing for this project, and include salary costs applicable to the identified FTE. Include fringe benefits for all staff as a separate line item. (Both supportive services staff, and data collection and evaluation staff, who are consultants or employed by subcontractors or project partners must be listed in section S-2, or S-3.) <i>Total staff expenses will be automatically calculated.</i></p>
S-2	<p>Include costs for supportive services provided by consultants. Provide justification in the budget narrative, including identification of consultant (title and name), description of scope of work, proposed hourly or daily rate, and maximum contract amount.</p>

ATTACHMENT 4-4

S-3	<p>Include costs for supportive services provided by each project partner or subcontractor. Include in the budget narrative appropriate budget detail for each partner or subcontractor, and a description of the contract or MOU.</p> <ul style="list-style-type: none"> ▪ In general, services delivered by partners or subcontractors may be included in the project budget only if there is a structured arrangement for services to be delivered on-site as part of the supportive housing project. ▪ However, off-site services delivered by partners or subcontractors may be included if there is a high degree of coordination that ensures, for residents of the supportive housing project, access to services above and beyond those generally available to other community residents with similar needs.
S-4	Equipment: include justification in budget narrative, and itemize if more than \$25,000 over the 3-year term of the grant
S-5	Supplies: include justification in budget narrative, and itemize if more than \$25,000 over the 3-year term of the grant
S-6	Travel : include justification in budget narrative, and clearly distinguish between staff travel and costs for providing transportation assistance (e.g. bus or taxi vouchers) to program participants.
S- 7	Include rent for supportive services offices and facilities only. Do not include rent or leasing costs for supportive housing residents.
S-8	Training for project staff (including training for project partners and subcontractors): include justification in budget narrative
S-9	Other expenses: Include only supportive services expenses not otherwise shown above. Include justification in budget narrative, and itemize if more than \$25,000 over the 3-year term of the grant.
SS – subtotal	Total costs included in S-1 to S-9. <i>Automatically calculated.</i>
H	<p>Additional Match Resources Used to Pay Housing Costs</p> <p>COMPLETE THIS SECTION ONLY IF THE APPLICANT IS <u>NOT</u> REQUESTING SHIA RENTAL SUBSIDIES.</p> <p>Applicants that are requesting SHIA funds for rental subsidies must complete the SHIA Operating Pro Forma. Budget information on housing costs will be included in the Operating Pro Forma and in other forms required as part of the Application Supplement for Projects Requesting Rent Subsidy Funds, and are not to be included in this supportive service budget form.</p> <p>As specified below, an applicant may consider other funding for rental</p>

ATTACHMENT 4-4

	subsidies or for the capital costs associated with a supportive housing project as a source of match for SHIA funding requested for supportive services.
H-1	Rental subsidies or other government funding used to pay housing operating costs <i>for units that will serve the SHIA target population</i> may be included as match. Include in this budget line item the annual amount of rental subsidies or other operating support that will be provided to the project and indicate the source of match funding (e.g. Shelter Plus Care, HOPWA, etc.) In the budget narrative, provide additional detail regarding the monthly per-unit lease costs or operating budget, tenant rent contribution and subsidy amount.
H-2	<p>Funding from other sources for the capital costs for acquisition, construction, or rehabilitation of housing (including costs for construction or renovation to create appropriate facilities for the delivery of supportive services at the supportive housing site) will be considered as match ONLY if the housing is legally restricted for the purpose of permanent, affordable, housing for the SHIA target population for a period of no less than ten (10) years. If including funding for capital costs as match in this budget, attach to the budget narrative additional detail regarding each source of project financing included as match, using the form entitled "Project Financing," which is provided in Attachment 8 of the RFA.</p> <p><i>In projects which include some housing units for the SHIA target population within a project that also serves other households, capital funding included as match must be pro-rated by the percentage of units which will serve the SHIA target population (unless the capital funding is specifically restricted to those units). The budget narrative must clearly explain the methodology used to calculate match attributable to units that will serve the SHIA target population.</i></p>
HH – subtotal	Total additional match resources used to pay housing costs that are included in H-1 + H-2. <i>Automatically calculated.</i>
TOTAL	Total costs included in PP (project start-up) + SS (supportive services) + HH (additional match resources for housing costs). <i>Automatically calculated.</i>

Part 2: Instructions for SHIA RFA Match Worksheet (Attachment 4-2)

After completing the detailed SHIA RFA Supportive Services Budget Form(s) and (if applicable) the SHIA Operating Pro Forma for each project; complete one SHIA RFA Match Worksheet for each project. Complete the Match Worksheet by transferring, from the budget form(s) and pro forma, the totals for SHIA funds requested and match funds required for each year. The purpose of completing the Match Worksheet is to verify that total match included in the budget is greater than or equal to the required match.

(A)	<p>Include in Column A the total amount for each year that is included as:</p> <ul style="list-style-type: none"> ▪ Match \$ in line H-2 of the SHIA RFA Supportive Services Budget and/or ▪ Capital Funds in the Match Sources listed on the SHIA Operating Pro Forma <p><i>In most cases, capital funding used as match should be shown in Year One, except in the case of projects in which capital funding is allocated at a later time (e.g. phased construction or rehabilitation).</i></p>
(B)	<p>Include in Column B the total amount for each year that is included as:</p> <ul style="list-style-type: none"> ▪ Match \$ in line H-1 of the SHIA RFA Supportive Services Budget and/or ▪ “Match Provided” line listed on the SHIA Operating Pro Forma <p><i>In the lines for “SHIA Funding Requested” include in Column B, the amount for each year (and the total for years 4-15) that is shown in the SHIA Operating Pro Forma as “SHIA Rent Subsidy Draw”. Check to be sure that the total SHIA funding requested for housing subsidies, as shown on this form, matches the total SHIA rental subsidy requested shown in the SHIA Operating Proforma.</i></p> <p><i>In the lines for “Match Included in Project Budget” include in Column B, the amount for each year (and the total for years 4-15) that is:</i></p> <ul style="list-style-type: none"> ▪ Match \$ in line H-1 of the SHIA RFA Supportive Services Budget; OR, ▪ Tot total of Rental Income and Other Operating Income lines shown on the SHIA Operating Proforma.
(C)	<p>Include in Column C the total amount for each year that is included in line PP of the SHIA RFA Supportive Services Budget</p>
(D)	<p>Include in Column D the total amount for each year that is included in line SS of the SHIA RFA Supportive Services Budget</p>
(E)	<p>Total all amounts listed for each year in columns (A) through (D). <i>Automatically calculated.</i></p>
(F)	<p><i>The total match required for each year will be automatically calculated</i></p>

ATTACHMENT 4-4

	<i>using the formula specified in Section 2.5 of the RFA.</i> Compare the total match required to the total match included in project budget.
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**Part 3: Instructions for SHIA RFA Budget Summary Form for
Local Government Applications (Attachment 4-3)**

For a local government agency submitting an application that contains more than one project: After completing the SHIA RFA Match Worksheet for each project, complete the Budget Summary Form, which includes a list of all projects and totals from the amounts listed on the Match Worksheet for each project.

ATTACHMENT 5

AFFIDAVIT OF READINESS

INSTRUCTIONS: An authorized signatory from the lead agency must complete and sign this affidavit and include it in Appendix E of your completed SHIA application. Please complete all items that apply to your application.

I. Agreements with Project Partners

The major partners in this proposal have executed a memorandum of understanding, dated _____, or executed a written agreement between them, dated _____, to apply for this grant.

The major partners have sent the lead agency letters of commitment dated (e.g., organization/x/xx/2001):

The major partners have sent the lead agency letters of interest (e.g., organization/x/xx/2001):

II. Other Readiness Factors

SHIA matching-fund commitment letters received (e.g., fund source/x/xx/2001):

Project has received written support from the local service planning agency for this population(s) and is consistent with the priorities and goals

Date: _____

III. Development Projects

Units ready for occupancy by:

Date: _____

Construction completed on:

Date: _____

ATTACHMENT 5

Construction in progress; to be completed: Date: _____

Financing committed, construction scheduled to commence: (complete Table 1 below) Date: _____

Financing not fully committed, applications for financing submitted: (complete Table 1 below)

Table 1

Source	Date application submitted	Date of award notification

IV. Lease agreements (for projects with housing units that are being leased)

Lease agreement(s) fully executed for all SHIA-assisted units Date: _____

V. Rental Subsidy Agreements (for projects using Section 8, S+C, or other rental subsidy program (other than SHIA))

Type of rental subsidy: _____

Project-based , or

Tenant-based

Number of units: _____ Term of contract: _____

Subsidy agreement executed Date: _____

Subsidy reservation letter received Date: _____

On behalf of the lead agency for this grant project application, I attest to the accuracy of this affidavit.

Signature Date

Title

Agency/Organization

ATTACHMENT 6

MINIMUM SUBMISSION REQUIREMENTS WORKSHEET

Application #: _____

	YES	NO
Is the applicant either a local government agency or a nonprofit organization?	<input type="checkbox"/>	<input type="checkbox"/>
Does the application include all items specified in Subsection 5.2.2, RFA Response Guidelines?		
✓ Table of Contents	<input type="checkbox"/>	<input type="checkbox"/>
✓ RFA Face Sheet (1 page)	<input type="checkbox"/>	<input type="checkbox"/>
✓ Overview and Schedule (3 pages)	<input type="checkbox"/>	<input type="checkbox"/>
✓ Project description of no more than ten (10) pages for a single project (2 additional pages per project for multiple projects within a single jurisdiction)	<input type="checkbox"/>	<input type="checkbox"/>
✓ Completed project budget and match forms	<input type="checkbox"/>	<input type="checkbox"/>
✓ Agreements with project partners	<input type="checkbox"/>	<input type="checkbox"/>
✓ Resumes of key personnel	<input type="checkbox"/>	<input type="checkbox"/>
✓ Experience and references	<input type="checkbox"/>	<input type="checkbox"/>
✓ Evidence of financial stability	<input type="checkbox"/>	<input type="checkbox"/>
✓ Information regarding bankruptcy and other legal issues	<input type="checkbox"/>	<input type="checkbox"/>
✓ Site control and vicinity map	<input type="checkbox"/>	<input type="checkbox"/>
✓ Rental Subsidy Information (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
✓ Verification of need for proposed project	<input type="checkbox"/>	<input type="checkbox"/>
✓ Completed Affidavit of Readiness	<input type="checkbox"/>	<input type="checkbox"/>
Is the request for funds for projects of up to three (3) years in duration for the services component, and from 3- to 15-years in duration for rental subsidies?	<input type="checkbox"/>	<input type="checkbox"/>

ATTACHMENT 6

	YES	NO
✓ Is the requested SHIA funding <u>not</u> in excess of \$2 million for a single project, or \$3 million for a combination of several projects submitted by a city or county representing a single jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
Does the application contain one (1) original and ten (10) copies?	<input type="checkbox"/>	<input type="checkbox"/>
The application narrative was:		
✓ Submitted on 8 ½ x11 paper, single sided.	<input type="checkbox"/>	<input type="checkbox"/>
✓ Submitted with 1-inch margins on all four sides	<input type="checkbox"/>	<input type="checkbox"/>
✓ Submitted in a type font of not less than 12 point, in Arial or Times New Roman	<input type="checkbox"/>	<input type="checkbox"/>
The application was:		
✓ Submitted in correct order with corresponding tabs	<input type="checkbox"/>	<input type="checkbox"/>
✓ Submitted in hard copy	<input type="checkbox"/>	<input type="checkbox"/>
✓ Not bound or in a binder	<input type="checkbox"/>	<input type="checkbox"/>
Received no later than 4 p.m. on December 21, 2001	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above questions receives a failing mark, then the application does not meet the minimum requirements for submission and will not be allowed to advance to the second phase of the process.

ATTACHMENT 7

Application Evaluation Worksheet

Reviewer #: _____

Application #: _____

Item		Possible Points	Point Score	Comments
	Application Narrative	140		
A	<u>Overview and Schedule</u> <ul style="list-style-type: none"> • Must provide an overview of the application as a whole. • Must describe the project(s) included in the application. • Must discuss the importance of the projects to the community. • Must demonstrate that the applicant understands the needs of the target population. • Must explain why the project will be effective in addressing the needs of the target population. • Schedule should illustrate timing for development, implementation, and operation of the supportive housing project(s). 	5		
B	<u>Project Description</u> <ol style="list-style-type: none"> 1. Applicant and Partner Capability <ul style="list-style-type: none"> • Must clearly identify and describe the proposed project roles of and relationships between the applicant organization and the project partners. • Describe the history of relationship with project partners. 2. Target Population(s) and Project Eligibility <ul style="list-style-type: none"> • Must clearly describe the special needs and the income level of the project's target population(s). • Must describe the tenant referral and selection process, including process for screening and evaluating clients for eligibility. 3. Services and Service Delivery System <ul style="list-style-type: none"> • Describe services to be provided and the service delivery system that will be in place. • Describe the process for assessing the supportive 	105 20 10 30		

ATTACHMENT 7

Item		Possible Points	Point Score	Comments
	<p>services needs of tenants.</p> <ul style="list-style-type: none"> Describe engagement strategies. Describe plan for helping tenants achieve self-sufficiency. <p>4. Type of Housing, Location and Affordability</p> <ul style="list-style-type: none"> Describe housing to be provided, housing location, and the proximity to amenities. Describe the manner in which housing will be made affordable to the target population, including how rent limits will be set and a plan for future affordability. <p>5. Quality Assurance</p> <ul style="list-style-type: none"> Describe the plan for ensuring project quality. Describe how the project will be monitored and a plan for making mid-course corrections, if needed. Describe the proposed grievance process. <p>6. Future Plans</p> <ul style="list-style-type: none"> Describe the proposed plan for continuing the project after the SHIA contract has ended. 	<p>30</p> <p>10</p> <p>5</p>		
C	<p><u>Documentation of Need</u></p> <ul style="list-style-type: none"> Describe the need for supportive housing project(s) in relation to the community being served. Describe how the project(s) will fill a gap in the community. 	10		
D	<p><u>Outcome Objectives and Evaluation</u></p> <ul style="list-style-type: none"> Must contain a statement that the project agrees to participate in the DMH project evaluation process. Must contain a description of the evaluation procedure. Must contain a description of proposed results or outcomes of the project. (ie, cost avoidance, housing stability, quality of service). 	15		

ATTACHMENT 7

Item		Possible Points	Point Score	Comments
	<ul style="list-style-type: none"> Must identify the number and level of staff positions or consultants responsible for development of the evaluation methodology and data collection. 			
E	<u>Readiness</u> <ul style="list-style-type: none"> Describe the capacity and readiness to begin operating the project(s) as soon as possible. 	5		
	Documentation of Project Budget and Match	60		
	<u>Budget</u> <ul style="list-style-type: none"> Must provide information on the proposed supportive services and project start-up costs for each of the years for which services are proposed (3 years maximum). Budget narrative must provide an explanation or justification for the information contained in each line item in the budget for each year. It also must summarize the budget information and describe other funds the applicant is receiving, or has applied for. 	40		
	<u>Match</u> <ul style="list-style-type: none"> Must provide match equivalent to \$.50/\$1.00 for Year 1; \$1.00/\$1.00 for Year 2; and \$1.50/\$1.00 for Year 3. Must indicate how the matching resources will be used to provide services or housing as part of the overall project budget. Must indicate the value of the match, the source of the match, and type of match. Narrative must indicate the methodology used to determine the value of the matching contribution to the project. 	20		
	TOTAL POINTS	200		

ATTACHMENT 8

Supportive Housing Initiative Act (SHIA) Application Supplement for Projects Applying for Rent Subsidy Funds September 2001

INSTRUCTIONS: If SHIA funds are being requested for rental subsidies, the applicant must complete and submit all required forms and submittals in this attachment, and must include this information in Appendix B.4-b of the completed application. If the application is being submitted by a local government agency acting as lead agency for more than one project, submit this Application Supplement and all required additional submittals for **each** project. The Application Supplement must be followed by the required additional submittals, in numerical order, tabbed and labeled with the number shown in the list of additional submittals included with this Application Supplement.

Project Sponsor

Legal Name: _____
Contact Person: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Fax: () _____
E-mail Address: _____

Form of Legal Entity (check one):

☐ nonprofit corporation ☐ local public agency

Role: ☐ will own the housing ☐ will control the housing owner (e.g. general partner)
☐ will lease the housing

Chief Executive: _____
Title: _____
Phone: () _____ Fax: () _____
E-mail Address: _____

Project

Name of Project: _____
Street Address: _____
City: _____ State: _____ Zip: _____
County: _____

Current Legal Owner: _____

Type: ☐ new construction development project ☐ acquisition and rehabilitation development project
☐ lease of some units within a building ☐ lease of entire building
☐ existing units owned or controlled by project sponsor

Number of sites: _____

Describe Existing Buildings, if any:

Age of Existing Structures: _____	Number of Occupied Buildings: _____
Number of Existing Buildings: _____	Number of Existing Residential Units: _____
Number of Stories: _____	Current Use: _____

ATTACHMENT 8

Describe Project When Completed:

Number of Residential Buildings: _____

Number of Other Buildings: _____

Number of Stories: _____

Number of Elevators: _____

Unit design (e.g. garden apartments): _____

Total Housing Units in Project: _____ Units to Receive SHIA Assistance: _____

Total SHIA Funds Requested: \$ _____ For Rent Subsidies: \$ _____ For Services \$ _____

Duration of SHIA Rent Subsidies Requested: _____ years

Legislative Representatives for the Project Site:

State Senator: _____

District No. _____

State Assembly Member: _____

District No. _____

Will there be any project, sponsor or tenant based rent or operating subsidies used on the project, other than SHIA?

___ Yes ___ No If yes, provide details:

Will the project have rents restricted by a private funding source or government agency, other than through SHIA?

___ Yes ___ No If yes, identify the agency, the number of units affected, how the restricted rent level is calculated, and the expiration date of the restrictions:

Will the SHIA-restricted units be subject to rent restrictions imposed by a private funding source or government agency? ___ Yes ___ No If yes, describe:

Site Control

The project sponsor or an entity controlled by the project sponsor must have site control through one of the following. Check the one that applies:

_____ fee title;

_____ leasehold interest on the project property for the proposed term of the SHIA assistance

_____ an enforceable option to purchase or lease which shall extend, or may be extended, for a minimum of three months beyond the deadline for application submittal (options of less than three months may be acceptable if the sponsor provides evidence satisfactory to the department that it has sufficient committed financing to acquire the property prior to expiration of the option);

_____ a disposition and development agreement with a public agency, or exclusive rights to negotiate with a public agency for property acquisition or lease ; or

_____ a land sales contract, or other enforceable agreement for the acquisition or lease of the property.

ATTACHMENT 8

Project Partners

Housing Developer, if other than project sponsor (for development projects only):

Name: _____
Contact Person: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Fax: () _____
E-mail Address: _____
Form of Legal Entity (check one):
___ nonprofit corporation ___ local public agency ___ other (specify: _____)

Primary Supportive Service Provider(s):

Name: _____
Contact Person: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Fax: () _____
E-mail Address: _____

Name: _____
Contact Person: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Fax: () _____
E-mail Address: _____

Property Manager:

Name: _____
Contact Person: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Fax: () _____
E-mail Address: _____

Financial or Development Consultant:

Name: _____
Contact Person: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Fax: () _____
E-mail Address: _____

ATTACHMENT 8

Building Condition (does not apply to new construction):

Describe building's existing condition, and improvements to be made prior to commencement of SHIA grant period. Include basis for assessment (e.g. inspection of 10% of the units by project sponsor's executive director):

Prior to receiving grant funds, the applicant must provide HCD with a certification from the local housing authority or other housing agency confirming that the designated housing meets HUD's Housing Quality Standards, or some similar habitability standard. Please indicate how you intend to meet this requirement.

☐ HQS inspection by local housing authority

☐ Similar inspection by another public housing agency. Specify agency and inspection standards:

Property Management Responsibilities

Identify the entities that will be responsible for the following property management functions:

Tenant qualification: _____

Rent collection: _____

Building maintenance: _____

Bookkeeping: _____

See next page for submittals that must be attached to this application supplement.

ATTACHMENT 8

Required Additional Submittals for Projects Applying for Rent Subsidies

Submit the following documents in accordance with the instructions at the beginning of this Application Supplement. Indicate whether each document is being submitted in the columns to the right.

For all projects:

No.	Item	Included?	
		Yes	No
1	Vicinity map, identifying the project site and public transportation, shopping, recreation and supportive services facilities relevant to the target population.		
2	Photographs of the project site.		
3	Schedule of stabilized first year operating income and utility allowances. Show this information on the attached Income Information form, pages 8.8 & 8.9. (This form is similar to Attachment #8 to the 3/2001 MHP application and pages 30-31 of TCAC's 2001 application. Applicants may substitute the MHP form or TCAC application pages, or updated versions of these items, for the SHIA form).		
4	If tenants will be paying their own utilities, a letter from the local housing authority transmitting their most recent utility allowance chart, with the components applicable to the project circled.		
5	If the project will be subject to rent restrictions other than those imposed by SHIA, documentation showing the specific restrictions (regulatory agreements, funding source requirements, application excerpts, etc.)		
6	A copy of any existing contract for rent or operating subsidies for units in the project.		
7	Identities of interest disclosure, identifying any persons or entities, including affiliated entities, that will provide goods or services to the project either: a) in more than one capacity or b) that qualify as a "related party" to any person or entity that will provide goods or services to the project. Use the definition of "related party" contained in section 10302 of TCAC's regulations (included with this application supplement). If there are no identities of interest, provide a certification to this effect.		
8	Resume of experience for the proposed property management agent, including a listing of similar subsidized and/or supportive housing projects under management.		

ATTACHMENT 8

If the SHIA-assisted units will be leased by the project sponsor, submit the following additional items:

No.	Item	Included?	
		Yes	No
9	Executed, legally enforceable option to lease, or executed lease for the period of time for which the SHIA rental subsidies are being requested, for the property to receive SHIA assistance.		
10	Information on rents for three comparable market rate developments. Show this information on the attached Comparable Market Rental Data form, page 8.10. (This form is similar to Attachment #11 to the 3/2001 MHP application and TCAC's 2001 application supplement form #13(B). Applicants may substitute the MHP form or the TCAC application pages, or updated versions of these items, for the SHIA form.)		
11	Rental Data Comparison Summary. Show this information on the Rental Data Comparison form included in the SHIA Excel Workbook. This workbook is available at http://www.dmh.cahwnet.gov/pgre/suphsingpage.htm . (This form is similar to Attachment #11(i) to the 3/2001 MHP application and TCAC's 2001 application supplement form #13(C)(i). Applicants may substitute the MHP form or TCAC application pages, or updated versions of these items, for the SHIA form.)		
12	Line-item budget for all building operating expenses that the grantee / lessee will be responsible for covering (that will not be paid by the owner), together with a specific justification for each line item. Do not include supportive services costs.		
13	Project operating proforma, displayed on the "Operating Proforma – Leased Units" worksheet of the SHIA Excel Workbook (download from http://www.dmh.cahwnet.gov/pgre/suphsingpage.htm). Use the vacancy rate and trending assumptions shown on this form. Carry out the projection for the term of the proposed SHIA assistance.		
14	Resume of the project sponsor's experience owning or leasing housing, including addresses and unit counts of each project and funding agency contacts. If this is a scattered sites project, include experience operating similar scattered sites projects.		

If the project is being acquired or developed by the project sponsor, submit the following additional items:

No.	Item	Included?	
		Yes	No
14	Complete documentation of site control. Agreements must be fully executed and legally enforceable.		
16	Line-item budget for all building operating expenses, together with a specific justification for each line item. Include a listing of all staff positions, and show salary and benefits for each. Do not include supportive services costs, such as case management. Use either the line items shown in the TCAC and MHP application forms, or those used by HCD's RHCP and CHRP-R programs, or the attached Annual Residential Operating Expense form, page 8.11, which is based on the MHP form.		
17	Detailed, line-item development budget.		
18	Description of all development funding sources on the attached Project Financing (Sources of Funds) form, pages 8.12 and 8.13. This form is identical to TCAC application pages 22-23 and MHP application Attachment 5. Applicants may substitute the MHP form or TCAC application pages, or updated versions of these items, for the SHIA form.		
19	For sources of funds that have been committed, commitment letters or, where available, loan documents.		

ATTACHMENT 8

20	Project operating proforma, displayed on the “Operating Proforma – Owned Projects” worksheet in the SHIA Excel Workbook (download from http://www.dmh.cahwnet.gov/pgre/suphsingpage.htm). Use the vacancy rate and trending assumptions shown on this form. Carry out the projection for the term of the proposed SHIA assistance. If you are requesting SHIA assistance for only a portion of the units in the project, submit two versions of this proforma, one for the SHIA assisted units and a second for the project as a whole.		
21	Resume of the project sponsor’s development experience, including addresses and unit counts for projects developed and funding agency contacts.		

If the project is an existing development owned by the project sponsor or an entity controlled by the project sponsor, submit the following additional items:

No.	Item	Included?	
		Yes	No
22	Copy of the owner’s title policy.		
23	Line-item budget for all building operating expenses, together with a specific justification for each line item. Include a listing of all staff positions, and show salary and benefits for each.. Do not include supportive services costs, such as case management. Use either the line items shown in the TCAC and MHP application forms (page 32 and Attachment 9, respectively), or those used by HCD’s RHCP and CHRP-R programs. A copy of the MHP version of this form follows this list of application submittals as Annual Residential Operating Expense form, page 8.11.		
24	Annual project operating statements for the past three years (audited if available).		
25	Current rent role.		
26	Project operating proforma, displayed on the “Operating Proforma – Owned Projects” worksheet in the SHIA Excel Workbook (download from http://www.dmh.cahwnet.gov/PGRE/SUPHSINGpage.htm). Use the vacancy rate and trending assumptions shown on this form. Carry out the projection for the term of the proposed SHIA assistance. If you are requesting SHIA assistance for only a portion of the units in the project, submit two versions of this proforma, one for the SHIA assisted units and a second for the project as a whole.		
27	If significant rehabilitation work is planned, a detailed, line-item development budget and description of funding sources.		

ATTACHMENT 8

INCOME INFORMATION

(BREAK OUT UNIT SIZES BY VARYING AFFORDABILITY LEVELS)

(a) # of Bedrooms	(b) # of Units	(c) Proposed Monthly Rent (Less Tenant-Paid Utilities)	(d) Total Monthly Rents (b x c)	(e) Monthly Utility Allowance	(f) Monthly Rent Plus Utilities (c + e)	(g) % of Program Income Level (e.g., MHP 30% SMI)
<i>Restricted Units</i>						
Total # Units		Total	\$			

<i>Manager's Unit(s)</i>			
Total # Units		Total	\$

<i>Market Rate Units</i>			
			\$
			\$
			\$
			\$
Total # Units		Total	\$

AGGREGATE MONTHLY RENTS X 12 = ANNUAL RENTAL INCOME

Rents for All Units (column d) \$___ x 12 = \$ ___

Rents for all SHIA-Assisted Units \$___ x 12 = \$ ___

Number of units receiving SHIA rental subsidies: _____

ATTACHMENT 8

Total number of project units: _____

Pro-ration factor: (SHIA-assisted units divided by total units): _____

<u>Miscellaneous Annual Income:</u>	<u>Total Income</u>	<u>SHIA-assisted Unit Income</u>
Income from Laundry Facilities	\$ _____	\$ _____
Income from Vending Machines	\$ _____	\$ _____
Interest Income	\$ _____	\$ _____
Other Income (Specify) _____	\$ _____	\$ _____
 <i>Total Miscellaneous Income</i>	 \$ _____	 \$ _____
<i>Total Rental Income from page 8.8</i>	\$ _____	\$ _____
<i>Total Potential Gross Income</i>	\$ _____	\$ _____
(From Residential Sources)		

Annual Commercial Income

Income from Professional Space	\$ _____
Income from Commercial Space	\$ _____

Total Commercial Income **\$ _____**

Monthly Resident Utility Allowance: Complete only if tenants will be paying their own utilities. Must be substantiated by the most recent utility allowance chart from the local Public Housing Authority (PHA) with applicable utilities and rates circled or highlighted.

	<i>0 Bedroom</i>	<i>1 Bedrooms</i>	<i>2 Bedrooms</i>	<i>3 Bedrooms</i>	<i>4 Bedrooms</i>
Heating					
Cooking					
Lighting					
Other (Specify)					
TOTALS					

Name of PHA Providing Utility Allowances: _____

ATTACHMENT 8

COMPARABLE MARKET RENTAL DATA

DATE OF SURVEY: _____

DATE OPENED: _____

(If project still in lease up phase indicate the number of units currently available for rent) _____

PROJECT NAME: _____

(Attach a Photo)

PROJECT ADDRESS: _____

PERSON TO CONTACT: _____

PHONE #: _____

BUILDING SPECIFICATIONS:

DISTANCE FROM PROPOSED MHP PROJECT: _____

UNIT TYPE (# OF BEDROOMS)							
RENTAL RANGE:							
FURNISHED:							
SQUARE FOOTAGE:							
VALUE RATIO: Rent/Sq. Ft.							
NO. OF BATHS:							
TOWN HOUSE/ FLAT/							
SPLIT LEVEL:							
NO. OF UNITS:							
PERCENT OF TOTAL MIX:							

Utilities Paid by Tenant: Gas _____ Electric _____ Water _____ Trash _____ None _____
Rental Subsidies: _____ (Please describe)

SECURITY DEVICES UTILIZED:

Full-Time Guards: Yes ☐ No ☐

Part-Time Guards: Yes ☐ No ☐

Dead Bolts: Yes ☐ No ☐

Other: _____

CURRENT VACANCY RATE:

BUILDING CONFIGURATION:

1 Story: ☐ 2 Story: ☐ Mix: ☐

TENANT PROFILE: (ex: Elderly, Family) _____

RECREATION FACILITIES/PROJECT AMENITIES

(Please list all)

PARKING FACILITIES:

Spaces/Unit ☐ Enclosed ☐ Covered ☐

Uncovered ☐

Guest or Street Parking Available ☐

Estimated Number of Vehicles Per Apartments _____

ATTACHMENT 8

ANNUAL RESIDENTIAL OPERATING EXPENSE

Pro-ration Factor: (SHIA-assisted units divided by total units):

<u>General Administrative</u>	<u>Total Expenses</u>	<u>SHIA-assisted Unit Expenses</u>
Advertising	\$ _____	\$ _____
Legal	\$ _____	\$ _____
Accounting/Audit	\$ _____	\$ _____
Security	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Total General Administrative	\$ _____	\$ _____
<u>Management Fee</u>	<u>\$ _____</u>	<u>\$ _____</u>
<u>Utilities</u>		
Fuel	\$ _____	\$ _____
Gas	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Total Utilities	\$ _____	\$ _____
Total Water/Sewer	\$ _____	\$ _____
<u>Payroll/Payroll Taxes</u>		
On-site Manager	\$ _____	\$ _____
Maintenance Personnel	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Total Payroll/Payroll Taxes	\$ _____	\$ _____
Total Insurance	\$ _____	\$ _____
<u>Maintenance</u>		
Painting	\$ _____	\$ _____
Repairs	\$ _____	\$ _____
Trash Removal	\$ _____	\$ _____
Exterminating	\$ _____	\$ _____
Grounds	\$ _____	\$ _____
Elevator	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Total Maintenance	\$ _____	\$ _____
<u>Service Amenities Budget</u>	<u>\$ _____</u>	
<u>Other (specify)</u>		
Total Other	\$ _____	\$ _____
TOTAL RESIDENTIAL OPERATING EXPENSES	\$ _____	\$ _____
TOTAL PROPERTY TAXES	\$ _____	\$ _____
TOTAL REPLACEMENT RESERVE	\$ _____	\$ _____
TOTAL RESIDENTIAL EXPENSES	\$ _____	\$ _____
TOTAL RESIDENTIAL DEBT SERVICE	\$ _____	\$ _____
TOTAL COMMERCIAL SPACE EXPENSES	\$ _____	
TOTAL COMMERCIAL DEBT SERVICE	\$ _____	

ATTACHMENT 8
PROJECT FINANCING (Sources of Funds)

A. Construction Financing

List Below All Projected Sources Required To Complete Construction.

Name of Lender/Source	Term in Months	Interest Rate	Amount of Funds
			\$
			\$
			\$
			\$
			\$
Total Funds For Construction			\$

1. Name of Lender/Source

Street Address ____ Contact Name

City ____ State ____ Phone Number

Type of Financing

☐ Committed

☐ Not Committed

2. Name of Lender/Source

Street Address ____ Contact Name

City ____ State ____ Phone Number

Type of Financing

☐ Committed

☐ Not Committed

3. Name of Lender/Source

Street Address ____ Contact Name

City ____ State ____ Phone Number

Type of Financing

☐ Committed

☐ Not Committed

4. Name of Lender/Source

Street Address ____ Contact Name

City ____ State ____ Phone Number

Type of Financing

☐ Committed

☐ Not Committed

ATTACHMENT 8

B. Permanent Financing

List Below All Projected Sources Of Funds, Including Grants, Land donations, deferred fees, owner equity, etc.

Name of Lender/Source	Term in Months	Interest Rate	Amount of Funds	Annual Debt Service	Residual Receipts Deferred Pmt.
			\$		
			\$		
			\$		
			\$		
			\$		
Total Permanent Financing			\$		
Total Tax Credit Equity			\$		
Total Sources of Project Funds			\$		

1. Name of Lender/Source _____

Street Address ____ Contact Name

City ____ State ____ Phone Number

Type of Financing

☐ Committed

☐ Not Committed

2. Name of Lender/Source _____

Street Address ____ Contact Name

City ____ State ____ Phone Number

Type of Financing

☐ Committed

☐ Not Committed

3. Name of Lender/Source _____

Street Address ____ Contact Name

City ____ State ____ Phone Number

Type of Financing

☐ Committed

☐ Not Committed

4. Name of Lender/Source _____

Street Address ____ Contact Name

City ____ State ____ Phone Number ____

Type of Financing ____

☐ Committed

☐ Not Committed

ATTACHMENT 8

“Related Party” Definition

(from section 10302 of the regulations of the California Tax Credit Allocation Committee)

Related party. Means:

- (i) the brothers, sisters, spouse, ancestors, and direct descendants of a person;
- (ii) a person and corporation where that person owns more than 50% in value of the outstanding stock of that corporation;
- (iii) two or more corporations that are connected through stock ownership with a common parent with stock possessing
 - (a) at least 50% of the total combined voting power of all classes that can vote, or
 - (b) at least 50% of the total value of shares of all classes of stock of each of the corporations, or
 - (c) at least 50% of the total value of shares of all classes of stock of at least one of the other corporations, excluding, in computing that voting power or value, stock owned directly by that other corporation;
- (iv) a grantor and fiduciary of any trust;
- (v) a fiduciary of one trust and a fiduciary of another trust, if the same person is a grantor of both trusts;
- (vi) a fiduciary of a trust and a beneficiary of that trust;
- (vii) a fiduciary of a trust and a corporation where more than 50% in value of the outstanding stock is owned by or for the trust or by or for a person who is a grantor of the trust;
- (viii) a person or organization and an organization that is tax-exempt under Subsection 501(a) of the IRC and that is affiliated with or controlled by that person or the person's family members or by that organization;
- (ix) a corporation and a partnership or joint venture if the same persons own more than:
 - (a) 50% in value of the outstanding stock of the corporation; and
 - (b) 50% of the capital interest, or the profits' interest, in the partnership or joint venture;
- (x) one S corporation and another S corporation if the same persons own more than 50% in value of the outstanding stock of each corporation;
- (xi) an S corporation and a C corporation, if the same persons own more than 50% in value of the outstanding stock of each corporation;
- (xii) a partnership and a person or organization owning more than 50% of the capital interest, or the profits' interest, in that partnership; or
- (xiii) two partnerships where the same person or organization owns more than 50% of the capital interests or profits' interests.

For purposes of the previous, the constructive ownership provisions of IRC Subsection 267 apply.

ATTACHMENT 8

2001 Fair Market Rents

METROPOLITAN FMR AREAS						Counties Included
Bakersfield, CA MSA	0 BR	1 BR	2 BR	3 BR	4 BR	Kern
Chico-Paradise, CA MSA	373	419	526	731	809	Butte
Fresno, CA MSA	341	439	584	800	957	Fresno, Madera
Los Angeles-Long Beach, CA PSMA	387	433	517	720	830	Los Angeles
Merced, CA MSA	516	618	782	1055	1260	Merced
	407	459	557	770	909	
Modesto, CA MSA	451	485	592	825	972	Stanislaus
Oakland, CA PMSA	718	869	1090	1494	1785	Alameda, Contra Costa
Orange County, CA PMSA	733	800	990	1378	1533	Orange
Redding, CA MSA	387	429	538	747	880	Shasta
Riverside-San Bernardino, CA PMSA	456	508	621	861	1018	Riverside, San Bernardino
Sacramento, CA PMSA	457	515	645	894	1054	El Dorado, Placer, Sacramento
Salinas, CA MSA	548	641	773	1074	1127	Monterey
San Diego, CA MSA	599	684	856	1191	1404	San Diego
San Francisco, CA PMSA	891	1154	1459	2001	2118	Marin, San Francisco, San Mateo
San Jose, CA PMSA	993	1132	1399	1917	2153	Santa Clara
San Luis Obispo-Atascadero-Paso Robles, CA MSA	525	593	752	1045	1234	San Luis Obispo
Santa Barbara-Santa Maria-Lompoc, CA MSA	638	708	897	1250	1411	Santa Barbara
Santa Cruz-Watsonville, CA PMSA	686	817	1091	1517	1777	Santa Cruz
Santa Rosa, CA PMSA	644	730	946	1315	1552	Sonoma
Stockton-Lodi, CA MSA	422	477	613	853	1006	San Joaquin
Vallejo-Fairfield-Napa, CA PMSA	619	703	857	1190	1405	Napa, Solano
Ventura, CA PMSA	634	729	923	1228	1430	Ventura
Visalia-Tulare-Porterville, CA MSA	378	402	524	731	834	Tulare
Yolo, CA PMSA	487	556	688	953	1126	Yolo
Yuba, CA MSA	336	393	505	704	814	Sutter, Yuba
NONMETROPOLITAN COUNTIES						NONMETREOPOLITAN COUNTIES
Alpine	0 BR	1 BR	2 BR	3 BR	4 BR	Amador
Calaveras	310	465	526	731	787	Colusa
Del Norte	374	434	577	804	947	Glenn
Humboldt	317	435	577	805	949	Imperial
Inyo	320	443	580	810	958	Kings
	321	434	556	730	787	
Lake	349	444	593	747	972	Lassen
Mariposa	335	426	547	717	845	Mendocino
Modoc	339	379	488	680	787	Mono
Nevada	388	531	707	983	1138	Plumas
San Benito	534	628	786	1095	1281	Sierra
Siskiyou	325	379	488	680	787	Tehama
Trinity	348	379	488	680	787	Tuolumne
	0 BR	1 BR	2 BR	3 BR	4 BR	
	428	471	629	876	976	
	339	379	488	680	787	
	310	379	488	680	787	
	350	438	539	751	787	
	359	418	522	726	854	
	379	384	499	680	787	
	429	517	634	883	889	
	473	567	754	1049	1240	
	342	379	488	680	787	
	310	416	512	711	839	
	324	379	488	680	787	
	343	468	624	869	1024	

Note: The FMRS for unit sizes larger than 4 BRs are calculated by adding 15% to the 4 BR FMR for each extra bedroom. For example, the FMR for a 5 BR unit is 1.15 times the 4 BR FMR, and the FMR for a 6 BR unit is 1.30 times the 4 BR FMR